



## DECLARATION - USA PATENT APPLICATION

COPY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "COMPUTERIZED MEDICAL DIAGNOSTIC AND TREATMENT ADVICE SYSTEM"; the specification of which is attached hereto;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

-----  
Full name of sole inventor: Edwin C. Iliff, M.D.

Inventor's signature

Edwin C. Iliff

Date

12-29-93

Residence: La Jolla, California

Citizenship: United States

Post Office Address: 8258 Prestwick Drive, La Jolla, CA 92037

RJS-1632:sad  
122993

Send Correspondence To:  
KNOBBE, MARTENS, OLSON & BEAR  
620 Newport Center Drive  
Sixteenth Floor  
Newport Beach, CA 92660-8016

Direct Telephone Calls To:  
John Carson

(619) 235-8550